TELEFAX TRANSMISSION

DATE: October 11, 1999

TO: Frida Connelly

FAX NO: (703) 308-5077

REGARDING: Refund Requests for Serial Nos. 09/082,124 and 09/319,142

TOTAL PAGES: 5 (including this one)

FROM: Gloria Williams
SIGNATURE

ROBERT W. BECKER & ASSOCIATES
11896 N. Highway 14, Suite B
Tijeras, NM 87059

Telephone: (505) 286-3511
Facsimile: (505) 286-3524

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DRP & REF

Customer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-6778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent th receipt of payments through the Automated Clearing House Payment System.

PAYEE/COMPANY INFORMATION

NAME:	SSN NO. OR TAXPAYER ID NO.
ROBERT W. BECKER & ASSOCIATES	Social Security No. or Employer Id No. 31-1283752
ADDRESS: 11896 N. Highway 14, Suite B	
Tijeras, NM 87059	
	TELEPHONE NUMBER: (505) 286-3511

FINANCIAL INSTITUTION INFORMATION

Name of Bank:	
Bank of America, N.A.	
NINE-DIGIT ROUTING TRANSIT NUMBER: 107 000 327	
DEPOSITOR ACCOUNT NUMBER: 01-6013724-6	LOCKBOX NUMBER:

TYPE OF ACCOUNT: X CHECKING ☐ SAVINGS ☐ LOCKBOX